

FILED
FRONT COUNTER

2025 FEB 11 PM 12:57

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF VIRGINIA
Alexandria Division

In re

CLERK
US BANKRUPTCY COURT
ALEXANDRIA DIVISION

Debtor(s)

Jihoon Park

Case No.

25-10081

Chapter

7

AMENDMENT COVER SHEET

Amendment(s) to the following petition, list(s), schedule(s) or statement(s) are transmitted herewith:

- ☐ Involuntary/Voluntary Petition [Specify reason for amendment: _____]
Check if applicable: ☐ Soc. Sec. No. amended. [If applicable: An original, signed Official Form 121 was mailed/hand-delivered to the Clerk's Office on _____.*]
☐ Summary of Your Assets and Liabilities (and Certain Statistical Information - Individuals Only)
☐ Declaration (Individuals - Form 106Dec) (Non-Individuals - Form 202)
☐ Schedule A/B - Property
☐ Schedule C - The Property You Claim as Exempt
☐ Schedule D - Creditors Who Hold Claims Secured by Property (See LBR 1009-1)
☒ Schedule E/F Creditors Who Have Unsecured Claims (See LBR 1009-1)
(\$34.00 fee required if adding or deleting pre-petition creditors, changing amounts owed or classification of debt.) Check applicable statement(s):
☐ Creditor(s) added ☐ Creditor(s) deleted
☐ Change in amounts owed or classification of debt
☒ No pre-petition creditors added/deleted, or amounts owed or classification of debt changed. [Docket: Amended Schedule(s) and/or Statement(s), List(s)-NO FEE]
☐ Post-petition creditors added (Schedule of Unpaid Debts)
REMINDER: Conversion of Chapter 13 to Chapter 7 - only file Schedule of Unpaid Debts.
☐ Schedule G - Executory Contracts and Unexpired Leases
☐ Schedule H - Your Codebtors
☐ Schedule I - Your Income
☐ Schedule J - Your Expenses

[NOTE: The form "NOTICE TO CREDITOR(S) (RE AMENDMENT)" is still required when adding or deleting creditors.

*Amendment of debtor(s) Social Security Number requires that this cover sheet together with a completed Official Form 121 - Statement About Your Social Security Numbers be electronically filed or submitted to the Clerk's Office for "restricted" entry of the amended Social Security Number into the case record.]

- ☐ Statement of Financial Affairs
☐ Statement of Intention for Individuals Filing Under Chapter 7
☐ Chapter 11 List of Equity Security Holders
☐ Chapter 11: The List of Creditors Who Have the 20 Largest Unsecured Claims Against You Who Are Not Insiders
☐ Attorney's Disclosure of Compensation
☐ Other: _____

NOTICE OF AMENDMENT(S) TO AFFECTED PARTIES

Pursuant to Federal Rule of Bankruptcy Procedure 1009(a) and Local Rule 1009-1, I certify that notice of the filing of the amendment(s) checked above has been given this date to the United States Trustee, the trustee in this case, and to any and all entities affected by the amendment as follows: _____

Date:

02/11/2025

Attorney for Debtor(s) [or Pro Se Debtor(s)]

State Bar No.:

Mailing Address:

Telephone No.:

Fill in this information to identify the case:

Debtor

Jihoon ParkUnited States Bankruptcy Court for the: EasternDistrict of Alexandria
(State)Case number
(If known) 25-10081☒ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Assets - Real and Personal Property (Official Form 206A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- ☐ No. Go to Part 2.
☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

2.1 Priority creditor's name and mailing address

Citi Card
P.O. Box 70166
Philadelphia, PA 19176-0166

Date or dates debt was incurred

01/10/2025Last 4 digits of account
number 1774Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) ()

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☒ Disputed

Basis for the claim:

Total claim

\$ 9,051

Priority amount

\$ 9,051

2.2 Priority creditor's name and mailing address

American Express
P.O. Box 1270
Newark, NJ 07101-1270

Date or dates debt was incurred

01/10/2025Last 4 digits of account
number 2000Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) ()

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☒ Disputed

Basis for the claim:

\$ 105,603\$ 105,603

2.3 Priority creditor's name and mailing address

US Bank
P.O. Box 790408
St. Louis MO 63179-0408

Date or dates debt was incurred

01/10/2025Last 4 digits of account
number 3013Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) ()

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☒ Disputed

Basis for the claim:

\$ 2,422~~\$ 3013~~\$ 2,422

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2. Priority creditor's name and mailing address

\$ 25,699

\$ 25,699

US Bank
PO Box 79048
St. Louis MO 63179-0408

Date or dates debt was incurred

01/10/2025

Last 4 digits of account number

9331

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent

☐ Unliquidated

☒ Disputed

Basis for the claim:

Is the claim subject to offset?

☐ No

☒ Yes

2. Priority creditor's name and mailing address

\$ 25,566

\$ 25,566

Bank of America
PO Box 15019
Wilmington DE 20151-2477

Date or dates debt was incurred

01/10/2025

Last 4 digits of account number

5038

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent

☐ Unliquidated

☒ Disputed

Basis for the claim:

Is the claim subject to offset?

☐ No

☒ Yes

2. Priority creditor's name and mailing address

\$ 3,049

\$ 3,049

Truist Bank
PO Box 791622
Baltimore MD 21279-1622

Date or dates debt was incurred

01/12/2025

Last 4 digits of account number

3607

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent

☐ Unliquidated

☒ Disputed

Basis for the claim:

Is the claim subject to offset?

☐ No

☒ Yes

2. Priority creditor's name and mailing address

\$ 20,003

\$ 20,003

Truist Bank
PO Box 791622
Baltimore MD 21279-1622

Date or dates debt was incurred

01/12/2025

Last 4 digits of account number

5635

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent

☐ Unliquidated

☒ Disputed

Basis for the claim:

Is the claim subject to offset?

☐ No

☒ Yes

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

3.1 Nonpriority creditor's name and mailing address

Chase Bank
PO. Box 6294
Carol Stream, IL 60197-6294

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☒ Disputed

\$ 61,991.84

Basis for the claim: _____

Date or dates debt was incurred

01/12/2025

Last 4 digits of account number

9560

Is the claim subject to offset?

- ☐ No
☒ Yes

3.2 Nonpriority creditor's name and mailing address

None

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 0

Basis for the claim: _____

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☐ No
☐ Yes

3.3 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 0

Basis for the claim: _____

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☐ No
☐ Yes

3.4 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 0

Basis for the claim: _____

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☐ No
☐ Yes

3.5 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 0

Basis for the claim: _____

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☐ No
☐ Yes

3.6 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 0

Basis for the claim: _____

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☐ No
☐ Yes

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. Nonpriority creditor's name and mailing address None As of the petition filing date, the claim is: \$ 0
Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed
☐ Liquidated and neither contingent nor disputed
 Basis for the claim: _____
 Date or dates debt was incurred _____ Is the claim subject to offset?
 Last 4 digits of account number _____ ☐ No
☐ Yes

3. Nonpriority creditor's name and mailing address _____ As of the petition filing date, the claim is: \$ 0
Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed
 Basis for the claim: _____
 Date or dates debt was incurred _____ Is the claim subject to offset?
 Last 4 digits of account number _____ ☐ No
☐ Yes

3. Nonpriority creditor's name and mailing address _____ As of the petition filing date, the claim is: \$ 0
Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed
 Basis for the claim: _____
 Date or dates debt was incurred _____ Is the claim subject to offset?
 Last 4 digits of account number _____ ☐ No
☐ Yes

3. Nonpriority creditor's name and mailing address _____ As of the petition filing date, the claim is: \$ 0
Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed
 Basis for the claim: _____
 Date or dates debt was incurred _____ Is the claim subject to offset?
 Last 4 digits of account number _____ ☐ No
☐ Yes

3. Nonpriority creditor's name and mailing address _____ As of the petition filing date, the claim is: \$ 0
Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed
 Basis for the claim: _____
 Date or dates debt was incurred _____ Is the claim subject to offset?
 Last 4 digits of account number _____ ☐ No
☐ Yes

Part 3:

List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1. Citi Card P.O. Box 70166 Philadelphia, PA 19176-0166	Line _____ <input type="checkbox"/> Not listed. Explain _____	1774
4.2. American Express P.O. Box 1270 Newark, NJ 07101-1270	Line _____ <input type="checkbox"/> Not listed. Explain _____	2000
4.3. US Bank P.O. Box 790408 St. Louis MO 63179-0408	Line _____ <input type="checkbox"/> Not listed. Explain _____	3013
4.4. US Bank P.O. Box 790408 St. Louis MO 63179-0408	Line _____ <input type="checkbox"/> Not listed. Explain _____	9331
4.1. Bank of America P.O. Box 15019 Wilmington, DE 20151-2477	Line _____ <input type="checkbox"/> Not listed. Explain _____	5038
4.5. Trust Bank P.O. Box 791622 Baltimore, MD 21279-1622	Line _____ <input type="checkbox"/> Not listed. Explain _____	3607
4.6. Trust Bank P.O. Box 791622 Baltimore, MD 21279-1622	Line _____ <input type="checkbox"/> Not listed. Explain _____	5635
4.7. Chase Bank P.O. Box 6294 Carol Stream, IL 60197-6294	Line _____ <input type="checkbox"/> Not listed. Explain _____	9560
4.8. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4.9. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4.10. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4.11. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name None

Number Street

City State ZIP Code

Name

Number Street

City State ZIP Code

Name

Number Street

City State ZIP Code

Name

Number Street

City State ZIP Code

Name

Number Street

City State ZIP Code

Name

Number Street

City State ZIP Code

Name

Number Street

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☐ Part 2: Creditors with Nonpriority Unsecured Claim

Last 4 digits of account number ____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number ____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number ____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number ____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number ____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number ____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number ____

☐ Not listed. Explain ____

Part 4:**Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

Total of claim amounts

5a. Total claims from Part 1

5a.

\$ 253,384

5b. Total claims from Part 2

5b.

+

\$ 0

5c. Total of Parts 1 and 2

5c.

Lines 5a + 5b = 5c.

~~253,384~~ \$ 253,384

Fill in this information to identify your case:

Debtor 1 Tihoon Park
First Name Middle Name Last Name
Debtor 2
(Spouse, if filing) First Name Middle Name Last Name
United States Bankruptcy Court for the: Eastern District of Virginia
Case number 25-10081
(If known)

☒ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____ Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

x [Signature]
Signature of Debtor 1

x _____
Signature of Debtor 2

Date 02/11/2025
MM / DD / YYYY

Date _____
MM / DD / YYYY